|   |  |                                 |              |                                     |      |                  |              | Application or Dock t Number |                        |            |                               |                        |  |
|---|--|---------------------------------|--------------|-------------------------------------|------|------------------|--------------|------------------------------|------------------------|------------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective January 1, 2003  |  |                                 |              |                                     |      |                  |              | 10 298-209                   |                        |            |                               |                        |  |
| CLAIMS AS FILED - PART (<br>(Column 1) (Column 2)   |  |                                 |              |                                     |      |                  |              | SMALL ENTITY                 |                        |            | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |                                 | 26           |                                     |      | R/               |              | ATE                          | FEE                    | 7          | RATE                          | FEE                    |  |
| FOR   |  |                                 | NUMBER FILED |                                     | NUM  | SER EXTRA        | BAS          | BASIC FEE 375.00             |                        |            | BASIC FEE                     |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | 26 minus 20= |                                     | •    | 6'               | X            | X\$ 9=                       |                        | OR         | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |                                 | 2 minus 3 =  |                                     |      | _h ´             |              | X42=                         |                        | OR         | X84=                          |                        |  |
| MA.   | ALTIPLE DEPE                                     | NDENT CLAIM P                   | RESENT       |                                     |      |                  | +140=        |                              |                        | OR         | +280=                         |                        |  |
| * If the difference in column 1 is less   |  |                                 |              | is than zero, enter "0" in column 2 |      |                  |              | TOTAL                        |                        | OR         | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II   |  |                                 |              |                                     |      |                  |              |                              | <u></u>                | <b>,</b> • | OTHER                         | THAN                   |  |
|   | (Column 1) (Column 2) (Column 2) (Calums Highest |                                 |              |                                     |      |                  | SM           | ALL                          | ENTITY                 | OR         | SMALL                         |                        |  |
| <b>AMENDMENT A</b>  |  | REMAINING<br>AFTER<br>AMENDMENT |              | NUME<br>PREVIO<br>PAID I            | BER  | PRESENT<br>EXTRA | P/           | TE                           | ADDI-<br>TIONAL<br>FEE |            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | · 24                            | Minus        | -2C                                 | 2    | • 👌              | XS           | 9=                           |                        | OR         | X\$18=                        |                        |  |
|   | Independent                                      | • 4                             | Minus        |                                     |      | •                | X42          |                              |                        | OR         | X84=                          | ·                      |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |              |                                     |      |                  |              |                              |                        |            | +280=                         |                        |  |
|   | (Column 1) (Column 2) (Column 3)                 |                                 |              |                                     |      |                  |              | IO=<br>OTAL                  |                        | OR         | TOTAL                         |                        |  |
|   |  |                                 |              |                                     |      |                  |              | FEE                          | L                      | OR ,       | ADDIT. FEE                    |                        |  |
|   |  | CLAIMS                          |              | HIGH                                | EST  | (Column 3)       | ı —          |                              | ADD1-                  |            |                               | 4001                   |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT |              | PREVIO<br>PAID F                    | USLY | PRESENT<br>EXTRA | RA           | TE                           | TIONAL<br>FEE          |            | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 25                            | Minus        | • 2                                 | G.   | æ                | X\$          | 9=                           |                        | OR         | X\$18≈                        |                        |  |
|   | Independent                                      | . 5                             | Minus        | 489                                 | 4    | = /              | X4           | 2=                           |                        | OR         | 2000<br>X84=                  | 20100                  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |              |                                     |      |                  |              |                              |                        |            |                               | our.                   |  |
|   |  |                                 |              |                                     |      |                  | +14          | U=<br>OTAL                   |                        | OR         | +280=<br>YOTAL                |                        |  |
|   |  |                                 |              |                                     |      |                  |              | FEE                          |                        | OR ,       | OOIT. FEE                     |                        |  |
|   |  | (Column 1)<br>CLAIMS            |              | (Colum                              |      | (Column 3)       |              |                              | ·                      |            | ·                             |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT |              | PREVIO                              | USLY | PRESENT<br>EXTRA | RA           | ΓE                           | ADDI-<br>TIONAL<br>FEE | ·          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •                               | Minus        | **                                  |      |                  | XS           | 9=                           |                        | OR         | X\$18= .                      | 1.66                   |  |
|   | Independent                                      | •                               | Minus        | 200                                 |      | •                | X4:          |                              |                        | Ī          | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |              |                                     |      |                  |              | -                            |                        | OR         | <b>~</b> 0₩=                  |                        |  |
| * If the entry in column 1 is less than the entry in column 2 write 'V' in column 3.  |  |                                 |              |                                     |      |                  |              |                              |                        |            | +280=                         |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADOIT. FEE  OR ADOIT. FEE  OR ADOIT. FEE |  |                                 |              |                                     |      |                  |              |                              |                        |            |                               |                        |  |
|   |  | ber Previously Pale             |              |                                     |      |                  | r found in t | ue app                       | propriate box          |            |                               |                        |  |

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